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## APPLICANTS

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OK, T

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/454,928 03/14/2003

OK, T

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE, T

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 10/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	NC	3	5	1

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## TITLE

Sun visor for hammocks

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